

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>D.B.</i>	<i>2288</i>	<i>10-27-00</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>10-6-00</i>
FORMALITY REVIEW	<i>HA</i>	<i>858</i>	<i>11-02-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
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11	✓	✓	
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26	✓	✓	
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31	✓	✓	
32	✓	✓	
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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